

This form **MUST** be used when submitting receipts for payment

NEIGHBORHOOD ASSOCIATION CLEANUP GRANT EXPENSE REPORT

Return with Final Report Form

Fill out the amounts, and attach receipts to this form or on separate pieces of paper.

Neighborhood Association	Cleanup Date
Contact Name	Phone Number H _____
Address	W _____

Reimbursement to: Person or business to be paid. Personal reimbursement requires signatures.	Describe item(s)	Amount	Office Use Only Amt. Granted
Example XYZ Rentals	Wood Chipper	\$00.00	
Name: _____ Address: _____ Signature: _____			
Name: _____ Address: _____ Signature: _____			
Name: _____ Address: _____ Signature: _____			
Name: _____ Address: _____ Signature: _____			
Name: _____ Address: _____ Signature: _____			
Photocopy form for extra copies, if needed.		Total Expenses	
		Balance (+ or -)	

The expenses listed were used exclusively for the cleanup.

Signature **8** _____

Return with Final Report Form to:

Harry Heafer
KLLCB
3140 "N" Street
Lincoln, NE 68510
Phone: 441-8035

Office Use Only

Fund:	Health
Division:	Environmental Health
Section:	Waste Management
Grant/Year:	2005
Grant Match:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Explanation:	12122.5824
Division Approval:	_____ Date: ____/____/____

Date KLLCB Received